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| REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS | Application Number | 10/561,650 Conf. # 7669 |
| | Filing Date | March 7, 2007 |
| | First Named Inventor | Carolyn Mayston, et al. |
| | Art Unit | 1795 |
| | Examiner Name | |
| | Attorney Docket Number | 66775-0009 |

I hereby revoke all previous powers of attorney given in the above-identified application. A Power of Attorney is submitted herewith.**OR** I hereby appoint the practitioners associated with the Customer Number: 10291 Please change the correspondence address for the above-identified application to: The address associated with
Customer Number: 10291**OR**

| | |
|---|--|
| <input type="checkbox"/> Firm or Individual Name | RADER, FISHMAN & GRAUER PLLC Michael B. Stewart |
|---|--|

| | |
|---------|------------------------------------|
| Address | 39533 Woodward Avenue Suite 140 |
|---------|------------------------------------|

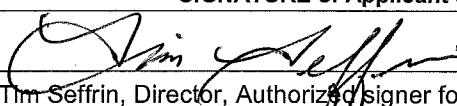
| | |
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| City | Bloomfield Hills |
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|---------|----|-------|----|-----|-------|
| Country | US | State | MI | Zip | 48304 |
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|-----------|----------------|-------|----------------------|
| Telephone | (248) 594-0600 | Email | mbs@raderfishman.com |
|-----------|----------------|-------|----------------------|

I am the:

 Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71.
*Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)***SIGNATURE of Applicant or Assignee of Record**

| | | | |
|-----------|---|-----------|--------------|
| Signature |  | | |
| Name | Tim Seffrin, Director, Authorized signer for Assignee | | |
| Date | 15 July 2008 | Telephone | 231-724-1870 |

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

*Total of 1 forms are submitted.